



# Chehalis Tribal HOUSING AUTHORITY

## Application Type

- CTHA Unit
- Rental Home
- Rental Assistance
- Home Rehabilitation Program

The following documents are required before application can be reviewed for eligibility.

### **Rental application. (required)**

- Release of Information (all individuals 18 yrs and older)
- Driver's License (all individuals 18 yrs and older)
- Social Security Cards
- Proof of Tribal Enrollment

### **Rental assistance**

- Lease/Rental agreement (rental assistance only)
- Tenant contract agreement (rental assistance only)
- Landlord Contract agreement (rental assistance only)

### **Proof of Income**

- Pay Stubs
- Tax Return

**\*\*Incomplete applications will not be accepted. Applicants will not be put on the waiting list unless all the required documentation is received. Applicants will receive notification letters when the application has been processed and added to the waitlist.**

### **UPON ACCEPTANCE FOR A HOUSE**

1. Applicant will be notified.
2. Applicants and all members over the age of 18 will be required to submit to a drug test.
3. Applicants and all members over the age of 18 will have a background check.
4. Reference checks
5. First months rent and security deposit will have to be paid prior to move in.
6. Utilities will have to be turned on in Tenants name and receipt turned in to Chehalis Tribal Housing Authority.
7. Tenants must sign rental agreement.
8. Chehalis Tribal Housing Authority and the Tenant will jointly inspect the house.
9. Keys to the unit will be issued.



# Chehalis Tribal HOUSING AUTHORITY

## Application For Chehalis Tribal Housing Programs

<b>Head of Household:</b> First Name, Middle Initial, Last Name	<b>Today's Date:</b>
Mailing Address: (MANDATORY)	Contact: (Circle 2 preferred method of contact)
	Home: ( )
	Cell: ( )
Physical Address: (MANDATORY)	2nd Cell: ( )
	Email:
	Marital Status
	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other

### FAMILY COMPOSITION:

Name	Relation to H of H	DOB	SS#	Gender	Tribe (enrollment #)	Disability
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						

**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This included money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, per capita payment (from any tribe), etc.

Household Member	Employer/ Student	Total Monthly Wages	AFDC	Child Support Monthly	Social Security	Unemployment or Other (List type received)
1)						
2)						
3)						
4)						

**VEHICLE INFORMATION:** Please list the information for vehicles that will be parked regularly at your home. Per CTHA policy you are limited to 2 vehicles. Please include the type of car and verify that the vehicle is operational. According to the policy of CTHA, operational vehicles can be driven (operational) and are licensed.

Make/Model	Operational		Licensed	
1)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

**PET INFORMATION:** Please list information for any pets at your home. Please remember that you may only have one dog and/or one cat, per the approved Pet Policy of CTHA. Each pet will require a non-refundable pet deposit of \$100. All pets must be neutered or spayed.

Type of Pet (Cat/Dog)	Neutered/Spayed		Additional Cost per Month
1)	<input type="radio"/> Yes	<input type="radio"/> No	\$
2)	<input type="radio"/> Yes	<input type="radio"/> No	\$
3)	<input type="radio"/> Yes	<input type="radio"/> No	\$
4)	<input type="radio"/> Yes	<input type="radio"/> No	\$

**GARBAGE PICK-UP INFORMATION:** Please let us know how often you would like your garbage picked up at your home. If you have a large household, we encourage you to use the weekly service.

<input type="radio"/> Weekly	<input type="radio"/> Every other week	Additional Cost per Month	\$
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The above information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements above.

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

**WARNING!** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agencies of the United States.

Are you a Chehalis Indian?  Yes  No Enrollment # \_\_\_\_\_ Are other occupants Chehalis Indian? \_\_\_\_\_

If so, who? \_\_\_\_\_ Enrollment # \_\_\_\_\_

If so, who? \_\_\_\_\_ Enrollment # \_\_\_\_\_

Are you a Veteran?  Yes  No Branch of Service \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Are you or other occupants disabled?  Yes  No Who & Nature of disability? \_\_\_\_\_

Are you or other occupants handicapped?  Yes  No Will you need an ADA compliant house? \_\_\_\_\_

If ADA housing is needed what are specific needs? \_\_\_\_\_

Are you enrolled in school?  Yes  No

Maximum vehicles that will be at the house? \_\_\_\_\_

**Nearest Relative to be notified in an Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Contact Information for last two Landlords:**

Landlord name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Landlord name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Automobile information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Credit Reference:**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Account #: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Account #: \_\_\_\_\_

**Other Credit References: (provide sufficient contact information and attach documentation)**

\_\_\_\_\_

**CONFLICT OF INTEREST DISCLOSURE STATEMENT**

Chehalis Tribal Housing Authority (CTHA) is committed to ensuring fairness and impartiality in our housing admissions process. To help maintain transparency and prevent conflicts of interest, we require all applicants to disclose any relationships that could potentially create a conflict of interest. Please read the following carefully and disclose any conflicts of interest that apply to you or anyone in your household.

A conflict of interest exists when a person has a personal or financial interest that may interfere with their ability to make fair and impartial decisions or actions. In the context of housing admissions, conflicts of interest can arise when:

An applicant or a household member is related to, or has a close personal relationship with, a CTHA employee or board member, an applicant or a household member has a financial interest in a property or service that is connected to CTHA or the housing admissions process; an applicant or a household member has a direct or indirect financial interest in the outcome of the housing admissions decision.

*\*Conflicts of interest dependent on the nature of the conflict may be posted in a common area for public comment.*

If any of the above situations apply to you or anyone in your household, please provide the following information:

Name of the person with the conflict of interest:	
Relationship to the person with the conflict of interest ( <i>e.g. spouse, sibling, business partner</i> ):	
Description of the conflict of interest ( <i>e.g. financial interest in a property</i> ):	
Explanation of how the conflict of interest could potentially affect the fairness or impartiality of the housing admissions process:	

By signing below, you confirm that all information provided is accurate and complete to the best of your knowledge. You understand that failure to disclose a conflict of interest may result in disqualification from the housing admissions process.

Applicant Signature		Date:	
Member W/ Conflict of Interest		Date:	



# Chehalis Tribal HOUSING AUTHORITY

## Release of Information

I, \_\_\_\_\_, hereby give the Chehalis Tribal Housing Authority permission to obtain any information necessary to verify and complete my housing application or recertify my occupancy.

Verifications and/or reports include but are not limited to records of:

Employment; State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; Supplemental Security Income (SSI); Other Housing Authorities; or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and past Landlords; Energy Providers; Law Enforcement Agencies; any Tribal Department or Agency.

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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**Signature Head of Household**

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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**Signature - Member of Household over 18 years of age**

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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**Signature - Member of Household over 18 years of age**

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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**Signature - Member of Household over 18 years of age**

First Name, Middle Initial, Last Name	Date of Birth	Social Security Number
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**Signature - Member of Household over 18 years of age**

*\*\*Every member of the household over the age of 18 years old must complete and sign a Release of Information Form. Make as many copies of this page as needed.*

**WARNING!** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agencies of the United States.

## Information Acknowledgement

### **PLEASE READ CAREFULLY BEFORE SIGNING:**

In considering this application from you, the Chehalis Tribal Housing Authority will rely heavily on the information, which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize the Chehalis Tribal Housing Authority to verify references that you have listed. All persons responsible for payment must sign below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Chehalis Tribal Housing Authority